

**SOUTH DAKOTA FAMILY PLANNING PROGRAM  
NORPLANT REMOVAL CONSENT FORM**

Chart # \_\_\_\_\_

I hereby acknowledge that Norplant is no longer the method of contraception I choose to use.  
I hereby knowingly give my informed consent to have Norplant removed.

I have been told that as soon as Norplant is taken out. I am no longer protected from becoming pregnant.

I am aware that if I don't want to get pregnant after Norplant is removed. I can have a new set of Norplant implants inserted, or I may choose a different birth control method.

I have been told what to expect when Norplant is removed. I am aware that I may feel some discomfort during this procedure.

I have been told and fully understand that the following may occur when removing the Norplant implants:

1. Allergic response to the anesthetic
2. Bruising or soreness where the implants were removed
3. Infection
4. One or more implants could break
5. A second cut could be needed to take out all of the implants
6. A second visit could be needed to take out all of the implants

I have been told how to take care of my arm after the Norplant implants are removed. I am aware of signs of infection and know how, when and where to get medical care if needed. I agree to seek prompt professional medical care should any of the above warning signs develop.

I have had all of my questions answered and I understand those answers. I have read and I understand the above consent form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Witness